

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 28, 2004  
Secretary of State**

DOCUMENT# N95000000378

Entity Name: HERITAGE FOR THE BLIND, INC.

**Current Principal Place of Business:**

2882 NOSTRAND AVE  
BROOKLYN, NY 11229 US

**New Principal Place of Business:**

**Current Mailing Address:**

2882 NOSTRAND AVE  
BROOKLYN, NY 11229 US

**New Mailing Address:**

FEI Number: 58-2164446      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ZEMEL, MORTON B  
4700 B SHERIDAN ST  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: DRESSER, ABRAM  
Address: 1675 EAST 21ST #2-A  
City-St-Zip: BROOKLYN, NY 11210

Title: D      ( ) Delete  
Name: FRANKER, BERNARD  
Address: 1542 41ST STREET  
City-St-Zip: BROOKLYN, NY 11218

Title: D      ( ) Delete  
Name: MOSES, RIVOLI  
Address: 1668 W 6TH STREET  
City-St-Zip: BROOKLYN, NY 11223

Title: D      ( ) Delete  
Name: TOIV, STEVEN  
Address: 3422 AVE L  
City-St-Zip: BROOKLYN, NY 11223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN TOIV

D

10/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date